



MISSOURI ETHICS COMMISSION  
COMMITTEE STATEMENT OF LIMITED ACTIVITY  
INSTRUCTIONS ON REVERSE SIDE

M.E.C. ID NO. \_\_\_\_\_

1. DATE OF REPORT

OFFICE USE ONLY

2. FULL NAME OF COMMITTEE

3. COMMITTEE MAILING ADDRESS

ADDRESS:

CITY / STATE / ZIP:

4. COMMITTEE TELEPHONE NUMBER

Home:

Work

5. TREASURER'S NAME

6. TREASURER'S MAILING ADDRESS

ADDRESS:

CITY / STATE / ZIP:

7. TREASURER'S TELEPHONE NUMBER

Home:

Work

8. DEPUTY TREASURER'S NAME

☐ CHECK IF NO DEPUTY TREASURER

9. DEPUTY TREASURER'S MAILING ADDRESS

ADDRESS:

CITY / STATE / ZIP:

10. DEPUTY TREASURER'S TELEPHONE NUMBER

Home:

Work

11. DATE OF ELECTION

12. TYPE OF ELECTION (CHECK ONE)

☐ PRIMARY

☐ GENERAL

☐ SPECIAL

13. TIME PERIOD COVERED BY THIS STATEMENT

FROM

THROUGH

14. IF CANDIDATE COMMITTEE, LIST CANDIDATE'S NAME, OFFICE SOUGHT, AND POLITICAL SUBDIVISION

☐ REPUBLICAN

☐ DEMOCRAT

☐ \_\_\_\_\_

15. TYPE OF REPORT:

☐ OTHER \_\_\_\_\_

☐ 8 DAYS BEFORE ELECTION

☐ 30 DAYS AFTER ELECTION

☐ 15 DAYS AFTER CAUCUS NOMINATION

☐ COMMITTEE QUARTERLY REPORT

JAN 15

APRIL 15

JUL 15

OCT 15

☐

☐

☐

☐

☐ 15 DAYS AFTER PETITION DEADLINE

16. TREASURER'S STATEMENT

I CERTIFY THAT NEITHER THE AGGREGATE AMOUNT OF CONTRIBUTIONS RECEIVED NOR THE AGGREGATE AMOUNT OF EXPENDITURES MADE BY THE COMMITTEE EXCEEDED FIVE HUNDRED DOLLARS NOR WAS AN AGGREGATE AMOUNT EXCEEDING THE AGGREGATE AMOUNT ALLOWED BY STATUTE RECEIVED FROM ANY SINGLE CONTRIBUTOR DURING THE REPORTING PERIOD STATED IN ITEM 13 ABOVE.

\_\_\_\_\_  
TREASURER'S SIGNATURE

17. CANDIDATE'S STATEMENT

(CANDIDATE COMMITTEE ONLY)

I CERTIFY THAT NEITHER THE AGGREGATE AMOUNT OF CONTRIBUTIONS RECEIVED NOR THE AGGREGATE AMOUNT OF EXPENDITURES MADE BY THE COMMITTEE EXCEEDED FIVE HUNDRED DOLLARS NOR WAS AN AGGREGATE AMOUNT EXCEEDING THE AGGREGATE AMOUNT ALLOWED BY STATUTE RECEIVED FROM ANY SINGLE CONTRIBUTOR DURING THE REPORTING PERIOD STATED IN ITEM 13 ABOVE.

\_\_\_\_\_  
CANDIDATE'S SIGNATURE

## **COMMITTEE STATEMENT OF LIMITED ACTIVITY INSTRUCTIONS**

**PURPOSE:** Form CD-LA can be filed in place of a full committee disclosure report for those reporting periods during which a committee has little or no financial activity. Any contributions received or expenditures made which are not reported because this statement is filed in lieu of a disclosure report must be included in the next full disclosure report filed by the committee.

**ELIGIBILITY:** In general, a committee may file Form CD-LA instead of a full disclosure report for any reporting period in which the committee neither received contributions nor made expenditures totaling more than \$500 nor received contributions aggregating more than \$250 from a single contributor. Form CD-LA **cannot** be filed in any of the following cases:

- In lieu of the 30 Day After Election Report if the committee has a deficit of more than \$1,000;
- In place of two or more consecutive reports if either the contributions received or expenditures made in the aggregate during those reporting periods exceed \$500.

### **CONTENT OF FORM:**

- ITEM 1:** Enter the date the statement is being filed.
- ITEM 2:** Enter the committee's full name.
- ITEM 3:** Enter the committee's mailing address (if any).
- ITEM 4:** Enter the committee's telephone number (if any).
- ITEM 5:** Enter the full name of the committee treasurer.
- ITEM 6:** Enter the treasurer's mailing address.
- ITEM 7:** Enter the treasurer's home and work telephone numbers.
- ITEM 8:** Enter the deputy treasurer's name or check the box provided if the committee has not assigned a deputy treasurer.
- ITEM 9:** Enter the deputy treasurer's mailing address (if any).
- ITEM 10:** Enter the deputy treasurer's home and work telephone number (if any).
- ITEM 11:** Enter the date of the election for which this statement is being filed.
- ITEM 12:** Indicate the type of election for which this statement is being filed.
- ITEM 13:** Enter the opening and closing dates of the period covered by this statement.
- ITEM 14:** (Candidate Committees Only) - Enter the candidate's name, office sought, political subdivision, and political party affiliation.
- ITEM 15:** Indicate the type of report this statement is being filed in lieu of.
- ITEM 16:** The treasurer must sign this statement.
- ITEM 17:** (Candidate Committees Only) - The candidate must sign this statement.

### **MISSOURI ETHICS COMMISSION**

Post Office Box 1254  
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573 / 751-2020  
800 / 392-8660

CONTACT THE MISSOURI ETHICS COMMISSION OR YOUR  
LOCAL ELECTION AUTHORITY FOR FURTHER INFORMATION